

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

20504/2/05 3

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4/4/05

2 Serial/Patent # 10/520508

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing <u>Changeability</u>			\$ <u>700</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND	\$ <u>700</u>
8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment	Treasury Check
<input checked="" type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:
No Fee Due (Explanation):	9 <u>25--0120</u>

10 REASON:	
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Treasury Check
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
No Fee Due (Explanation):	9 <u>25--0120</u>
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME:	<u>Rita White</u>
SIGNATURE:	<u>Rita White</u>
OFFICE:	<u>DO/EO</u>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED:	DATE:

TITLE: Legal Intern Examiner  
PHONE: 7308-9140 ext 23

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B